•	PATENT	ORD	10790024										
<u> </u>				10	11	00							
CLAIMS AS FILED - PART I (Column 2)									ENTI	TY .	OR		R THAN ENTITY
TOTAL CLAIMS			1	10				RATE		FEE	7	RATE	FEE
FOR			NUMBI	NUMBER FILED		NUMBER EXTRA		BASIC FE		85.00	OR	BASIC FE	770.00
TC	TOTAL CHARGEABLE CLAIMS			minus 20=		•		XS 9=		•	OR	X\$18=	
INDEPENDENT CLAIMS				minus 3 =	tinus 3 =			X43=			OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT											1		290
If the difference in column 1 is less than zero, enter "0" in column 2								+145=		OŘ	+290=	29 V 1060	
CLAIMS AS AMENDED - PART II										 -	OR	TOTAL	
						(Column 3)	· ·_	SMALI	L ENT	TTY	OR	OTHER SMALL	
AMENDMENT A	٠	REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	TIC	DDI- NAL EE		RATE	ADDI- TIONAL FEE
202	Total	- /	Minus	~				X\$ 9=			OR	X\$18=	
AME	independent	entation of M	Minus	ERENDENT.	CI ATIA	•	1	X43=			OR	X86=	
_	rinoi rhesi	- INTATION OF M	IULTIPLE U	EPENUENT	CLAIM	ليك	T	+145=	T		OR	+290=	290
							L	TOTA			OR	TOTAL	1060
		(Column 1)		(Colum	n 21·	(Column 3)	A	DDIT. FEI	-			ADDIT. FEE	l
		CLAIMS REMAINING AFTER		HIGHE NUMB PREVIOL	ST ER JSLY	PRESENT . EXTRA	1	RATE		DI- NAL	1	RATE	ADDI- TIONAL
AMENDMEN	Total	AMENDMENT	Minus	PAID F	OR .		-	X\$ 9=	FE	E		X\$18=	FEE
	independent		Minus				-		+-		OR		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT C				MIAS		L	X43= ·	1_		OR	X86=	
		. , , , , , , , , ,					L	+145=			OR	+290=	
		•	•			•	. AC	YOYAL DIT. FEE			OR A	TOTAL DOIT, FEE	
_		(Column 1)		(Column	T2)	(Column 3)	٠.	: •		٠.			:
		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	A SLÝ	PRESENT EXTRA		RATE	ADI TION FE	IAL	Í	RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		2	Г	X\$ 9=			OR	X\$18=	
	ndependent	•	Minus			e ·		X43=					
Ţ	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT C	MIAL		H	V403	—	— [)A	X86=	
H 1	ha antre la sest-	nn 1 is iess than th	, a aiste de aus		د. د ما ف		Ŀ	145=		c)R	+290=	
- 81	ne Highesi Nur	on 1 is loss than in ober Previously Pa ober Previously Pa	id For IN TH	IS SPACE IN	es then	20 enter "20."	ADV	TOTAL DIT, FEE	•	c	ja ,	TOTAL	
			L4 E 12:			•						DOTT. FEEL	